

Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions

A Public Document

<b>1. Agency Name</b> County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Crystal Hishida Graff, Clerk, Board of Supervisors Area Code/Phone Number (510) 272-3882 E-mail crystal.hishida@acgov.org		Date Stamp	California Form <b>802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function, Event, or Ceremonial Role Information**

Title Golden State Warriors Face Value of Each Admission \$ 95.00

Description Basketball Game Date(s) 04 / 07 / 12

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Golden State Warriors  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☒ No ☐ If yes: Lockyer, Nadia- Supervisor District 2  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"><li>Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li><li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li></ul>
Kiwanis Club of Hayward	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	To reward a nonprofit organization for its contributions to the community. Income <input type="checkbox"/>
24052 Mission Blvd., Hayward CA 94544		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
To improve the community by assisting the aging,		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
needy and youth.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

MICHELLE DIANDA

Print Name

Ticket Administrator

Title

3/22/12  
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Includes 1 parking pass at the value of \$18